

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

January 21, 2016 - 9:30 am to 1:00 pm

Polk County River Place, Room 1

2309 Euclid Ave, Des Moines, Iowa

MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Richard Crouch
Jody Eaton
Marsha Edgington
Lynn Grobe
Kathryn Johnson
Betty King
Sharon Lambert (phone)

Geoffrey Lauer
John Parmeter
Rebecca Peterson
Michael Polich
Patrick Schmitz
Rebecca Schmitz (phone)
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Thomas Broeker
Senator Mark Costello
Representative David Heaton

Senator Liz Mathis
Brett McLain
Representative Scott Ourth

OTHER ATTENDEES:

Tamara Amsbaugh	MHDS, Community Services & Planning/CDD
Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Teresa Bomhoff	NAMI Greater Des Moines
Eileen Creager	Area Agencies on Aging
Jim Cushing	Iowa Association of Area Agencies on Aging
Whitney Driscoll	Disability Rights Iowa
Emily Ehlers	Disability Rights Iowa
Jim Friberg	Department of Inspections and Appeals
Deb Johnson	Iowa Medicaid Enterprise, Bureau Chief, Long Term Care
Becky Pospisal	Easter Seals Iowa
Jim Rixner	Siouxland Mental Health Center
Peter Schumacher	MHDS, Community Services & Planning/CDD

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:36 am and led introductions. Quorum was established with fourteen members present, and two participating by phone. No conflicts of interest were identified for this meeting.

Approval of Minutes

Geoff Lauer made a motion to approve the December 3 minutes as presented. Richard Crouch seconded. The motion passed unanimously.

Geoff Lauer asked if the letter the Commission voted to send to the Health Policy Oversight Committee had been sent out. Patrick answered that it was sent the day after the meeting. Geoff asked if there was a copy of it that the Commission could see. Patrick Schmitz said that

normally letters like this are brought to the next meeting. Peter Schumacher agreed to bring copies to the February meeting.

Approval of the MHDS Commission's 2015 Annual Report

Patrick Schmitz said he had reviewed the draft of the Commission's 2015 Annual Report. Geoff Lauer asked if there had been any changes made to Part II of the report. Peter Schumacher answered that the only changes would be the friendly amendments approved by the Commission during the December 3, 2015 meeting. John Parmeter made a motion to approve the 2015 Annual Report. Lynn Grobe seconded the motion. The motion passed unanimously.

MHDS/DHS Report – Theresa Armstrong

Theresa Armstrong greeted the Commission and said the MHDS Regions had submitted their regional reports on December 1, 2015. The Department of Human Services (the Department) has been reviewing the data and working to verify the data in them and updating the Department's website.

Kathy Johnson asked if an MHDS Region that was not meeting a standard with regards to services or access, what the consequences are. Theresa answered that if a Region is not meeting one of those standards, they would also include an action plan to address that standard. Kathy answered if the Department was pleased with the progress made by the Regions. Theresa said she is very pleased with the progress being made by the Regions. There are a few areas that could improve such as offering Peer Support and Family Peer Support services, but this is a new service that many Regions had not funded in the past. These services had only been funded by Medicaid in the past; now MHDS Regions will be funding them as well.

Geoff Lauer said there was an unexpected transition from Iowa Medicaid Enterprise (IME) administration to IME, rather than IME to the Managed Care Organizations (MCO). Geoff asked if there had been any impact on the availability of services because of this. Theresa answered that access has not changed. Theresa acknowledged that there have been some issues between providers and IME, but those have not prevented members from accessing services. Michael Polich asked what IME is doing about those issues. Theresa answered that Deb Johnson would be reporting later in the meeting, and that she would explain in more detail.

Kathy Johnson said that IME has been very responsive to her concerns as a provider of Integrated Health Home (IHH) services. Not all the bugs are worked out yet, but IME is working very hard to ensure a smooth transition. Jen Sheehan said that the two IHH providers she is familiar with seem to be functioning well, and that she has not seen any hiccups or glitches in the transition.

Theresa said the Department has submitted a couple of reports to the legislature, including one on the Autism Support Program which provides Applied Behavioral Analysis (ABA) services for children age nine who cannot get Medicaid services and do not have these services covered through their family's insurance. Magellan had been managing this program before, and now it is being managed by Connie Faselow at the Division of Mental Health and Disability Services (MHDS) currently. The program will be transitioned to the MCOs as it was included in the Request for Proposals (RFP), though it will be funded through an appropriation from the General Fund and not through the Medicaid program.

Theresa said the program currently serves nineteen children, which is an increase from last year. There is a limited pool of providers as there is one program that can train and certify ABA

analysts. There are currently approximately fifty professionals currently able to provide this service in the state. Magellan had thirty applications in 2015. Fourteen applications were accepted and sixteen were denied. The most common reason for denying applications was because the child was eligible for Medicaid, so they could still receive the service, but has it funded through another program.

Marsha Edgington asked if one of the barriers was finding Board Certified Behavioral Analysts (BCBAs). Theresa answered that it was. Marsha said she believed the amount of training required to become a BCBA is a barrier for some.

Tom Bouska asked if any of the money for the Autism Support Program could be used for training BCBAs. Theresa said the money was not appropriated in that way.

Theresa said the Children's Mental Health and Well-Being Workgroup's final report was submitted on December 15. The Department was directed to form the workgroup along with the Departments of Education and Public Health and to consult with stakeholders as well.

The workgroup split into two subcommittees to address two portions of its charge. One subcommittee focused on children's mental health and the other focused on children's well-being.

The Children's Mental Health subcommittee reviewed the work of previous children's disability groups, the NAMI Coalition for a Children's Mental Health Redesign in Iowa, and other states to define and prioritize children's mental health services, and recommended the development of services where there is already funding, and encouraging the development of others through a Request for Proposals (RFP) process over a number of years. They recommended starting with crisis services for children first, and developing evidence-based practices (EBPs) in the system, and to continue an advisory group.

The Children's Well-Being Subcommittee looked at other states, and what pockets of excellence currently exist in Iowa, and how Iowa can further develop these programs. The workgroup recommended continuing a state-level advisory group as well and implementing three to five Learning Labs across the state to look at how cases are being managed for children who touch multiple systems.

Geoff Lauer asked what a learning lab was. Theresa answered that it is an interesting term, and that they are meant to be opportunities to learn from entities that are having success supporting children and families who touch multiple systems.

The Department will follow whatever directions the General Assembly gives to them, and is looking forward to developing services across the state. Patrick Schmitz asked if the RFP process would be for crisis services. Theresa answered that initially, yes, but they will be looking to develop a full array of services.

Legislative Updates

HF 2039 is a bill regarding mandatory disclosure for Mental Health professionals. If an immediate family member of an individual who is at risk of harming themselves or others contacts a mental health professional looking for information, the mental health professional would be required to provide information on the involuntary commitment process to the family member. This would allow them to be a resource to family without compromising health

information, and would hold the professional harmless as they would offer the information in good faith.

Sharon Lambert asked if the bill had passed. Theresa answered that it had not yet. It had been filed. Sharon asked who is supporting the bill. The bill was filed by Ken Rizer.

Kathy Johnson asked if the intent was for the professional to provide information on the commitment processor for them to reach out directly to the individual. Theresa answered that the bill says if the family member requests information about the commitment process.

Jim Rixner commented that this is already being done in some cases, and that he does not acknowledge that the individual is being served at the center. Theresa said that centers will provide help if a person calls.

HF 2040 is a bill regarding Mental Health Advocates. The bill states that the Advocate shall have exclusive control over the performance of the Advocates duties as long as it does not conflict with Iowa Code, the best practices as promulgated by the the Judicial Council, and the administrative rules being adopted by the MHDS Commission.

There was discussion about possible interpretations of the language in the bill. There was concern that this may constrain counties as employers of Mental Health Advocates.

Theresa said the administrative rules regarding Mental Health Advocates had been published for public comment.

Theresa said the Department and the Commission had agreed to some meeting times for committees to look at Chapter Twenty-Four for the re-write process, and to look specifically at rules regarding crisis service accreditation.

Kathy Johnson asked if there were any plans to bring Assertive Community Treatment (ACT) into Chapter Twenty-Four for accreditation. Theresa answered that there are no plans to add accreditation requirements for additional services at this time.

Theresa Armstrong spoke about the Certified Community Behavioral Health Clinics (CCBHC) project. Iowa had been awarded a planning grant, and the Department has signed a contract with the University of Iowa Center for Disabilities and Development to provide technical assistance. They have one fulltime staff member in Des Moines who is acting as a project manager.

A stakeholder group will be meeting including members from the Mental Health Planning and Advisory Council, the Commission, the Iowa Hospital Association, the Iowa Association of Community Providers, and other stakeholders. Iowa is looking to enroll two to four CCBHCs who meet several requirements. There are several Evidence-Based Practices that will be required for the project.

Kathy Johnson asked about the timeframe, and how the Department will select the two to four providers in the necessary timeframe. Theresa answered that there will be a procurement process that will lay out all the expectations. The stakeholder committee will be addressing questions on whether providers will need to provide all of the required services, or arrange for the provision of all the required services.

IA Health Link Transition – Deb Johnson and Theresa Armstrong

Deb Johnson said the bureaus within IME have reorganized so she is now the Chief of the Bureau of Long Term Care and Medical Services, and will oversee IME's policy staff. The managed Care Bureau will have account managers, provider analysts, and quality assurance staff. Deb said they are not large, but they did hire new staff to meet the needs of the system.

Deb said the Centers for Medicare and Medicaid Services(CMS) did not approve Iowa's managed care waiver applications for January 1, 2016 and will reevaluate for March 1, 2016. CMS laid out sixteen criteria for Iowa to satisfy before the waivers will be approved. These criteria focus on things like provider network adequacy, long term care case management, and communication.

Deb said that IME has changed how it is communicating with members and stakeholders. IME is sending out weekly emails that provide updates on the transition process. If anyone is interested in receiving these emails, the following link will allow anyone who is interested to be added to the distribution list:

<http://visitor.r20.constantcontact.com/manage/optin/ea?v=001571DFw9eUEpmc4LhEou9fQ%3D%3D>. One of the new positions under the operations bureau is a dedicated communications person. This will help communicate with the public about the changes.

Deb said that for provider network adequacy, MCOs will be required to do business with any provider currently enrolled with IME for six months. Deb spoke about the network coverage. Some people have said that MCOs have 90% network coverage. Deb said this refers to the distance and travel time standards of having a provider within thirty or sixty miles. There are areas in the state where the network has gaps, but these are areas where the current Medicaid system has gaps as well.

John Parmeter asked if there is anything that prevents providers from communicating with whom they plan to sign contracts. Deb said there have been communication issues that led to some people saying this. Providers are free to tell members about the MCO contracts they have signed or plan to sign. The MCO's websites should also have information on their networks.

For long term services and supports, which include approximately 27,000 individuals, IME is confirming that all of those individuals will have a care coordinator on March 1. Most case management entities are continuing on. There are nine that have said they will not be in business on March 1, 2016, and most of them have already transferred their caseloads.

Kathy Johnson asked if the expectation would be that after six months, all the case management would transition to the MCOs. Deb answered that there are multiple approaches to this. MCOs could either hire their own case managers or contract with case management entities.

Sharon Lambert said her grandson had been tentatively assigned to WellCare, and had selected United Health instead. She expressed concern that she had not received anything from United Health yet. Deb Johnson answered that MCOs cannot do any member outreach until after February 17th, which is the deadline for members to choose their MCO by the March 1 start date. This is because MCOs will not be receiving any information on Medicaid members who are not members of their MCO. Members will be able to change their MCO for ninety days after March 1 for any reason. After ninety days, members will be able to change their MCO, but they will need a good cause reason such as a provider not being in the network of the member's MCO.

Deb said the IME Member Services can be a resource for members to find out which MCOs have signed contracts with which providers, but they are only allowed to speak with the member or a representative that is listed in the member's file. The member could also be on the phone and give verbal permission to the Member Services worker to speak with a representative. These conversations are bound by privacy laws like the Health Insurance Portability and Accountability Act (HIPAA).

Michael Polich asked about the denial of claims from Medicaid. He said the stated reason was that they did not have a contract with Medicaid, but his agency has been billing IME directly for twenty years. Deb said sometimes, agencies are billing for services that IME does not have a record for them being eligible to bill for, and this triggers a denial. The other most common issue is with taxonomy codes that IME uses to categorize the services. If the taxonomy codes from the provider do not match the ones they provided to IME, it can also trigger a denial. Deb said IME is working with providers who are having these issues to ensure proper payment.

Deb said IME has sent out enrollment packets to all members for whom they have records. They used the addresses that the members have in their files, which may not be accurate. IME has seen a return rate of approximately 7%. IME has heard from some members that they have not received their packets, but they have been assigned to an MCO, and their services will be available, and their providers will be reimbursed.

Jen Sheehan thanked Deb and IME for the additional phone lines that were activated, and said it has made a noticeable difference in contacting IME and getting answers.

Deb Johnson said IME has been providing provider training all over the state to help providers get set up for billing IME for services, and the MCOs attend as well to talk about how they will bill after the transition. After the provider training sessions, they have member enrollment meetings. MCOs are not present at the enrollment meetings because they are not allowed to interact with members yet. Patrick Schmitz said the session he attended was very helpful. Jen Sheehan said the session she attended was very full.

Kathy Johnson asked about members who churn in and out of eligibility for Medicaid due to changes in their household income, and when they are considered a re-application as opposed to an entirely new application. Deb Johnson said she did not know at the time.

Jen Sheehan asked if March 1 is a definite launch date for IA Health Link, or if IME will need another round of approval. Deb said CMS will need to approve the waiver application. IME is planning on March 1 being the start date.

Patrick Schmitz asked about providers who say they will only sign with one MCO. Deb answered that it is the MCO's responsibility to ensure the adequacy of their network.

Kathy Johnson asked if the formula for network adequacy is just determined by distance and travel time, or if the population of the area is also a concern. Deb did not have an answer at that time.

Deb said that IME is working very hard to prepare for the transition to IA Health Link, and there are staff members traveling all over the state to ensure providers and members are ready for the transition.

Geoff Lauer asked if there were lessons learned in this process that the Department would draw from if there were a second delay. Deb said that the system would continue and IME would extend necessary contracts until IME's managed care waivers are approved by CMS.

Sharon Lambert asked what would happen if the waivers are not approved. Deb answered that the waivers would be approved eventually, but if there were another delay, then contracts would be extended as needed, and IME would continue to reimburse for services directly on a fee-for-service basis until the waivers are approved.

Community Connections Supporting Reentry – Tammie Amsbaugh

Tammie Amsbaugh introduced herself and spoke about this program that is designed to bring people together between the mental health system and the corrections system to help people leaving incarceration successfully transition back into the community.

The Department has developed a curriculum for a 9am to 3pm training session to address issues faced by individuals and their families as they exit the corrections system. Tammie said the Department is inviting providers, staff from counties and MHDS Regions, law enforcement, and corrections staff to share their experiences and what they can offer to ease the transition back into the community.

Patrick Schmitz asked how Tammie would like providers to attend a training session if they straddle areas served by the trainings. Tammie answered that they would be able to attend more than one if they would like, or they could choose one based on time, convenience, or where the majority of their patients come from. Trainings are limited to 100 participants, so this may be a factor as well.

Kathy Johnson asked how training sessions are structured. Tammie said the agenda has two stages. First a panel of corrections staff speaks to community mental health providers and staff, and a concurrent panel where mental health speaks to corrections. They will share their definitions and how they operate. After the panels the groups join and network.

Public Comment

Teresa Bomhoff spoke about her caucus resolution for people to present at their caucuses on February 1, 2016. The resolution is to support mental health in party platforms. The sample resolution included several statistics about status of the mental health system in Iowa and suggested actions that were similar to the legislative priorities approved by NAMI Greater Des Moines, the MHDS Commission, and the Mental Health Planning and Advisory Council. Teresa then distributed the legislative priorities of the Mental Health Planning and Advisory Council, and another handout including detailed information about mental health services in Iowa.

There was discussion about the number of staff people being hired by Medicaid MCOs from providers. Providers are concerned that they cannot compete with MCOs to retain the staff they need to operate. There was discussion on loan forgiveness programs that exist for clinical staff, and the difficulties that current programs present.

Planning for the February Meeting

There were requests for another update on the transition to IA Health Link.

The meeting was adjourned at 12:20 pm.

Minutes respectfully submitted by Peter Schumacher.